6-16-2011

Creating an Environment That Fosters Feedback Among Nurses

Anne M. Egan
Augsburg College

CREATING AN ENVIRONMENT THAT FOSTERS FEEDBACK AMONG NURSES

ANNE M. EGAN

Submitted in partial fulfillment of the
Requirement for the degree of
Master of Arts in Nursing

AUGSBURG COLLEGE

MINNEAPOLIS, MINNESOTA

2011

Augsburg College
Department of Nursing
Master of Arts in Nursing Program
Thesis or Graduate Project Approval Form

This is to certify that **Anne Egan** has successfully defended her Graduate Project entitled **"Creating an Environment that Fosters Feedback Between Nurses"** and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense **June 16, 2011.**

Committee member signatures:

Advisor: Susan K Nash, RN EdD Date 6-16-2011

Reader 1: Joyce P. Miller RN, DNP Date 6/16/2011

Reader 2: Connie Johnston, RN, MS Date 6/16/2011

Acknowledgements

It is with great pleasure that I thank those people special to me, who helped make this project possible: my family, especially my son, Nicholas and mother Mary Lee, and my advisor, Dr. Sue Nash. I also wish to thank my other Augsburg professors, the writing tutor Marilyn, and the readers of this paper Joyce Miller and Connie Johnston. Lastly, I want to express my most sincere thanks to my fellow nurses, and my nurse manager, Jeff Fratzke. Jeff has been a true friend, and has also provided me with constant support throughout this lengthy process.

Abstract

The goal of the project is to provide a voice for the nursing staff by adding their input on potential changes to the unit and to ultimately build stronger relationships among nurses. Involving staff from the beginning, this project started with a communication needs assessment completed in one unit at a small rural hospital in the Midwest. This included session meetings and a ballot survey. A project was designed to strengthen feedback among nurses on the unit, addressing horizontal violence in the workplace, and relating to Watson's nursing care theory. The project's goal is to create an environment that fosters feedback among nurses by designing an educational intervention. The outcome of the project should benefit relationships among the nurses as a result of improving communication that emphasizes proper use of feedback to create a respectful caring environment.

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Chapter One: Introduction

The goal of this continuous improvement project is to provide a voice for the nursing staff by adding their input on potential changes to the unit and to ultimately build stronger relationships among nurses. The project started with a communication needs assessment completed in one nursing unit at a small rural hospital in the Midwest. The staff were involved with the project from the start.

This included three sessions built on a World Café model approach and a ballot ranking survey to determine the priority communication need assessment that would guide the development of a staff educational initiative. Based on observations from the World Café responses and the written comments during the initial meetings, it became apparent that there was a lack of feedback in this small rural hospital. These observations were supported by anecdotal observations on the unit when new personnel were working without any apparent direction from the leadership or senior staff. A literature review offered supportive findings that feedback is essential for a positive work environment. A project was designed to create an environment that fosters feedback among nurses. The project will strengthen feedback among nurses on the unit, addressing horizontal violence in the workplace, and build on Jean Watson's nursing care theory. The term horizontal violence is defined as an aggressive and destructive behavior of nurses against each other (Woelfle & McCaffrey, 2007). The outcome should be the strengthening of relationships among nurses as a result positive communication with each other.

Purpose of the Project

The purpose of this project is to design an environment that allows nurses to speak freely, without guilt or fear, and ultimately to influence better patient care. The project will be presented through an educational module, which will involve a working process to improve

feedback among nurses. Recognizing that feedback is not a part of the standard communication style on the nursing unit identified for the project, the author has chosen to look closer at this lack of feedback among nurses.

One good definition of feedback comes from a professional communication skills book for nurses written in 1999 by Elizabeth Arnold and Kathleen Underman Boggs. Both authors were associate professors in nursing, one from the University of Maryland and other from the University of North Carolina. They defined feedback as, "The verbal or nonresponse the receiver gives to the sender about the message" (Arnold & Underman Boggs, 1999, p. 19). The definition concludes that feedback is everywhere. It focuses on content, and the relationship between people and events (p. 19). Feedback will affect future relationships and communication among nurses. Feedback can also be the "Response or comment to an event that creates an opinion about a situation" (Feedback, n.d., para 2). For the purpose of this thesis project, the first definition of feedback best suits this project and is more focused on the communication part of feedback when dealing with nurses.

Skirton (2010), a nurse, stated that feedback is an important communication skill for the medical profession. Those in the medical profession must be open to feedback about themselves and they must continue to improve their communication skills. She stated that it is not enough to feel empathy; the nurse or medical person should be skilled in communication so they can address highly sensitive situations. A good example of this is addressing end of life cares with a terminally ill patient, understanding how the nurse and staff are affected and how nurses' ethical beliefs as well as the family's wishes are affected. Skirton raised important issues related to rationale for support of much needed conversations about feedback among nurses and their colleagues. In this way, the patient receives the best care.

The author proposed creating an environment that will enhance professional growth within the nursing staff and provide better care to patients. To support the importance of nursing relationships among themselves, Cary (2008), former president of the American Nephrology Nurses Association, concluded that if the nurse feels supported in his or her work, that nurse is able to deliver good patient care. Based on the literature, as the project unfolds, the nurses will see many benefits develop from this environment such as, improved communication among themselves, seeing an increase in job satisfaction, increasing nurse retention numbers, and most importantly, providing good patient care (Henderson, Fox, & Malko-Nyhan, 2006).

Significance of the Project

Over the past several years, the unit identified for this project has encountered many changes from losing staff, including: licensed practical nurses (LPNs), a nurse manager, three family medicine physicians and an obstetrician, having the most senior nurse on the floor retire, failing to renew their union contract, adding six new nurses to the staff, the intermittent use of travel nurses, and having electronic medical charting instituted. The nurses who have stayed on the floor are upset, frustrated, and do not know what to expect next. The nursing staff wanted to be involved with changes on their unit. They observed and felt that there was a lack of communication and new changes happened without regard to what the staff wanted, especially when the LPNs were let go.

After the LPNs were terminated, the remaining staff verbalized concern for the lack of communication on the unit in regard to the loss of the LPNs and other issues. To address these concerns, a communication needs assessment was completed. The staff meetings explained the purpose of the assessment to the staff and how it could be used to improve communication among all staff nurses on the unit. The meeting was supported by the leadership team, which

included the Director of Nursing (DON) and nurse manager. The nursing staff were paid for time spent at the meeting if it was a day off from work for the nurse by hospital administration. The meeting started with a short introduction about the assessment, the purpose of the project, and the group was then divided into smaller groups. The author gave each group a blank piece of tag board, and the nurses were asked to list areas of weak communication.

Each small group was then given about 15 minutes to brainstorm ideas and at the end of the time limit each group was asked to rank topics. The rankings were based on a 1-3 scale, meaning that (1) was the most important and (3) was the least important. The final step was to create a voting ballot from the information gathered at the session meetings. To accomplish this, the author, under the directions of the DON created a ballot survey from the top five topics. The staff nurses were given one week to vote and respond via staff mailboxes. At the session meeting on July 14th, 2010, staff expressed statements such as "How do I know when something was done wrong?" "There is no clear rule on how to report off to the next nurse-everyone does it differently." "No one has ever told me that. I wish they would." Based on analysis of the responses, it was clear that feedback was an element of communication that was important to this group of nurses and they wanted to learn more about how to communicate more effectively.

Theoretical Perspective

Jean Watson first published her theory of nursing in 1979. Since then her theory of nursing has developed into a philosophy of science and care (Watson, 2008). Watson's Philosophy of Science and Care and the Caritas Processes (CP) guided this project and assisted in the development of the educational module for teaching nurses about feedback. Her Caritas Processes emerged as a more meaningful concept that supported the need for stronger, healthier relationships, educational resources, and more feedback among nurses (Watson, 2008). By

incorporating these caritas processes (see Appendix A) nurses are able to create transpersonal caring moments with attentive intentions (Watson, 2008).

The CP focused on five core practices: practice of loving-kindness and level handedness, authentic presence, promoting one's own spiritual practice, "being" open to caring/healing environments, and being open to miracles (Nursing Theories, n.d.). It is a total transformation of beliefs for Watson's systems that included self and systems. Watson stated this about the new model of nursing care, "In this model of caring science, the changes occur not from the outer focus on systems, but from that deep inner place within the creativity of the human spirit" (Watson, 2008, p. 36).

One of the many problems that can happen with relationships is the lack of communication among nurses. The American Nurses Credentialing Center (2010) stated that communication and shared decision making among professionals is so essential to patient care and the nurse's job satisfaction that it is used to measure the Magnet Status for hospitals. Communication needs to be established and respected among nurses. This statement has led the author to believe that nurses should be open to feedback and want to improve their own personal communication skills. Nursing theorist Madeleine Leininger recognized Florence Nightingale (1992) for her thoughts on the continuation of care and professional nursing as reflected in Notes on Nursing:

> Let us always be open to acknowledge, respect, and learn from great leaders in any field or discipline. Let us always be able to critique the work of any leader to move forward ideas and substantive knowledge for the betterment of humanity. For indeed, great progress is largely contingent upon thoughtful reflections, critiques, and the creative use of worthwhile ideas. (p. 28)

Leininger and Nightingale were correct in celebrating professionalism, nursing, and embracing the individualized practice of care, and supporting nurse's ability to receive and give feedback without fear of each other. Watson concurred by stating, "This dynamic of understanding human behavior is foundational to building and sustaining a helping-trusting-caring relationship" (Watson, 2008, p. 102).

Contributing Factors

While observing this group of nurses, the author identified factors that hindered communication on the nursing unit. There was a lack of feedback, and there was a presence of horizontal violence within the nursing unit. Lewis-Hunsiger (2007) believed that if people go into a conversation with the intent of respecting one another and believing that both individuals have good skills and desire what is the best for both parties, this will go a long way in solving problems. Nurses must support each other in the decisions that must be made every day. For example, a new graduate may feel hesitant to call the doctor about a change in his or her patient's vital signs. The more senior nurse will support the new graduate nurse through the process and coach him or her through the task. Creating this healthy working environment requires many different skills; feedback, solid communication with others, and education of the new staff to provide the best care for patients (Longo, 2010).

In a nursing research study done by Henderson et al. (2006), it was concluded that the preceptor does play an essential role in the orientation of new staff and the effectiveness of the unit. The study concludes that having a strong preceptor program does increase the nurse's job satisfaction and thus creates higher retention numbers regarding new nurse graduates therefore, providing good patient care.

If nurses are to provide the best patient care, they must respect one another. According to

Lamontagne (2010) and also Embree and White (2010), nursing educators who studied aggressive behaviors and horizontal violence in nursing. These nursing educators determined that horizontal violence in nursing units needs to be stopped; otherwise, the nursing profession is left with worse patient care outcomes than before. Lamontagne's article summarized that the presence of violence in the workplace can lead to poor self-care of health providers, mental health concerns, and eventually the desire to leave the profession. Embree and White (2010) also concluded that if these negatives behaviors continue to happen, they will poison nursing units and increase negative outcomes that will affect the quality of nursing care.

Horizontal violence is not a stranger to the nursing profession; it has been well documented in literature for over 20 years (Embree & White, 2010). A nursing unit who has these negative behaviors present will eventually see low numbers in nurse satisfaction and poor patient outcomes. Embree and White identified concepts such as feelings of anger and rage that are portrayed through negative behaviors such as gossip, jealousy, putdowns, or blaming. Nursing educators Brown and Middaugh (2009) and Woelfle and McCaffrey (2007) reported that horizontal violence has many different names or terms such as bullying, conflict, disruptive behaviors, intimidation, and eating their young.

Situations where horizontal violence exists within the workplace include complaining about a nurse to other workers rather than to the person directly or making direct, humiliating and inappropriate verbal comments and gestures (Woelfle & McCaffrey, 2007). This act of horizontal violence is a hypothetical example. Nurse Jenny, who is loud, rude, and aggressive, enters the report area. Nurse Jenny announces to everyone in the area that Nurse Meg forgot to give a medication on her day shift and now the patient is upset because she will have to take medication now and be up all night wondering if it will ever work. The patient has a history of

constipation and should have had oral medications earlier in the day, so she could have a bowel movement during the day and not the middle of the night. Nurse Jenny has placed blame on Meg and created a very unhealthy environment of gossip, anxiety, and fault, which can turn into a decrease in job satisfaction and a lower retention rate in the nursing profession (Woelfle & McCaffrey, 2007).

In addition to caring for patients, nurses must also have the power to care about their profession and themselves. In the upcoming chapters, the author will conduct a literature review that explores how a response to a situation can create better nurses, what the benefits are of feedback, and how the lack of feedback can turn into horizontal violence. These aspects will be paired with Watson's theory.

Chapter Two: Literature Review

Nurses today are multi-factored filled with many different roles and functions changing throughout the day: from admitting a patient to the hospital, giving blood products, or facilitating a sudden discharge in the middle of the day. Nurses placed in these types of situations can find themselves overloaded in an already full workday. Dyess and Sherman (2009), from the Nurse Leadership Institute in Boca Raton, Florida, researched novice nurses and their experience within the first year of practice. Their study included 81 nurses, all with less than 12 months of experience. Their research documented novice nurses experiences and concerns in the following areas: confidence and fear, little feedback during their orientation, horizontal violence, and professional isolation when no one is available to assist, especially with complicated patient assignments or making critical care decisions.

The first possible reason these stressors occur is the staffing shortage in the specialty units. A classic example would be in specialty areas like the neonatal areas due to unexposed work of this population during basic nursing orientation. Additional stressors include the combination of long work hours and low pay, plus they need additional training in this type of highly specific area of nursing (Duffin, 2010). The second reason is the amount of overtime and hours that nurses put in. When nurses are working long hours and overtime shifts, it makes it impossible to find preceptors, therefore, new staff are not being sufficiently orientated (Snow, 2010).

Every day nurses are pulled in countless directions, and rarely hear feedback on how they are doing at their job. Shirey (2009), a nursing educator and researcher from Evansville, Indiana, studied 21 nurse mangers and found that if the organization creates and supports these leaders in a positive way, it had a trickling down effect to the nurses on the floor. "Nurses must be

recognized and must recognize others for the value each brings to the work of the organization" (Shirey, 2009, p. 194). Shirey also commented that nurses in positive units fostered healthy work environments that made a difference in staff members, patients, and the organizational outcomes (2009).

Sometimes nurses are looking for a simple smile from their boss or colleague, just a little sign that tells the nurse he or she is doing a good job (Grensing-Pophal, 2008). It is essential for a nurse to know that he or she is performing well; the nurse wants to hear the positive and the negative comments. If there is a problem, nurses want face-to-face interaction and not something said behind their back or a generic formatted e-mail from the nurse manager.

The next sections will continue to focus on feedback, horizontal violence in every day nursing, and will make a connection with Watson's nursing theory, a philosophy of science and care.

Feedback Creates Better Nurses

Feedback can come in many different forms such as verbal or non-verbal, and it can be negative or positive (Thornbory &White, 2007). Nurses do not always treat each other with respect. Communication needs to start with nurses listening to one another and keeping comments positive. "If we go into a conversation with basic respect for each other, believing that we all have good skills and want to do our best, that goes a long way" (Lewis-Hunsiger, 2007, p. 4).

Another benefit of feedback is the development of self-esteem among nurses. Nursing educators and authors like Woelfle and McCaffrey (2007), followed by Embree and White (2010), and Lamontagne (2010) expressed concern for nurse's self-esteem and how it ties in to standards of practice and safety. These authors addressed the idea of staff well-being and its

close ties with immediate work relationships, even if the nurse is not valued. For instances, if a nurse does not feel a part of the nursing unit, they are unable to hear or feel the good flow of energy that can be created by a group of people. It is these close ties that are associated with the nurse's job satisfaction, motivation, and retention (Maben, 2010).

Feedback can also build resilience or strength in nursing units thus, making nursing units stronger as a team and providing excellent patient care (Veninga, 2007). Veninga, a nurse researcher with the Stanford Research Institute, designed a research study that surveyed 7000 employees in ten hospitals in Finland. The employees were asked about workload, social support, and relationships between their leaders and colleagues. The study concluded, "Only 12 percent of effective leadership is based on knowledge and vision. The other 88% is based on effective relationships with those with whom you work" (Veninga, 2007, p. 7).

Resilience is another concept that is important when looking at team work and communication. The online free dictionary defines resilience as the person's ability to recovery easily and quickly from shock, illness, or hardship (Resilience, n.d. para 4). Nursing educators: Hodges, Troyan, and Keeley (2010) from Georgia Baptist College of Nursing of Mercer University, defined resilience as an overcoming feeling in hardships, or loss. Working in an environment with frequent turn over and heavy workloads, nurses often experience hardship and sometimes loss. Nurses must be resilient to these constant changes and treat all patients the same. All patients deserve the same attention and care. These nurse researchers found that there was connection between building professional resilience, the individual, and the environment. They also concluded that to understand resilience in nursing; rather than putting so much emphasis on nursing shortage, the nursing leaders should move their attention to the nurses who have chosen to stay in this profession (Hodges, Troyan, & Keeley, 2010).

Nurses must support each other in the decisions they make every day. For example, a new graduate may feel hesitant to call the doctor about a change in his or her patient's vital signs. The more senior nurse needs to support the new graduate nurse through the process and coach him or her through each task such as hanging blood products or getting a patient ready for surgery. By understanding and promoting this healthy working environment, a nurse uses essential skills such as feedback, listening, and resilience that can be woven into nursing and staff education programs (Hodges et al., 2010).

Dyess and Sherman (2009) looked at novice nurses with an average age of 32. This study examined these topics: (1) confidence and fear are both present for novice nurses, (2) horizontal violence is present and can be seen in the nurse's attitudes, the unknown factor of a good or bad day, or questioning if veteran nurses are happy with the novice, (3) the nursing environment is ever changing, filled with many unknowns for the novice nurse making them feel overwhelmed and isolated at times. Dyess and Sherman advocated supporting the novice nurse by focusing on the positive actions and decisions of the novice nurse and doing away with the negative part. They suggest focusing less attention on the novice nurse, making them feel confident and safe in his or her practice (2009). Watson also agreed with the importance of working as a team and coaching skills that use more specific ways to solve a problem, "Without a caring team that works together to promote harmony and healing among themselves and those they serve, the entire system is affected" (Watson, 2008, p. 97).

Providing feedback can result in a positive experience for a new graduate nurse. Yates (2010) wrote about her experience as a novice nurse, working with a doctor who was reported to have poor communication skills. The situation involved a woman who had possibly miscarried her baby; the doctor had entered the room and mumbled some words, but never explained

anything further to the woman, nor checked to see if she had any questions or understood what he said. This new nurse had formed a caring relationship with the woman. After the doctor left the room, the novice nurse sat down with woman, allowed her to express her feelings and explained to her what just happened. The novice nurse provided the woman with care and comfort. This story tells how important communication is with a patient and how the new graduate nurse learned this lesson from the doctor. Nurses should reflect daily on their interactions, words, and non-verbal actions. If a nurse can do this, the nurse creates his or her own personal feedback system, built on remembering, reflecting, and processing (Yates, 2010).

Feedback Benefits Nursing

Feedback is important to nurses and it has an effect on nurses' relationships with each other. Thornbory and White (2007) have written extensively about feedback and recognized that it is difficult to give feedback to a peer. To be affective, a nurse must remember these simple steps when giving or receiving feedback: stay positive, be specific, allow for time, listen, and thank the person for the feedback. Equally challenging is giving feedback to a superior. "Giving feedback to your superior can be extremely hard, especially for the first time. But by applying the same rules as providing feedback to peers, it should be a fruitful experience for both parties" (Thornbory & White, 2007, p. 16). Watson (2008) would agree that nurses have the responsible of offering clear communication to contribute to the well-being of patients and themselves, the core of professional practices.

To further support this topic of research, the author found great importance in Day, Iles, and Griffith (2009) findings. These nurse researchers from King's College London, United Kingdom, studied the effectiveness of performance feedback on retention, knowledge, and practice among a randomized control group that included high school aged persons, professional

nurses, and other medical professionals. The study found that normal teaching practices only resulted in short-term improvements to technical skills such as tracheal suctioning; it concluded that training followed by specific comments to the persons' performance resulted in maintaining and ensuring both the knowledge and skill (Day, Iles, & Griffith, 2009).

Grensing-Pophal (2000), an independent business journalist and consultant, stated that the nursing profession should allow feedback to be given to make the nursing profession more effective and safe for all. King (2009), a researcher from the Ontario Mental Health Foundation, supported this concept of believing that nurses need to be aware of their environment and want to optimize their personal development as well. According to the American Nurses Association (2010), the new *Code of Ethics for Nurses with Interpretive Statements* from 2001 Approved Provision, "Nursing promotes, advocates for, and strives to protect the health, safety, and rights of the patient" (American Nurses Association, 2010). With this thought, care will be interpreted differently based on one's level of professional experience. Nursing theorist Benner (1982) has been studying this topic since 1979 and has published numerous articles to support the idea of novice to expert.

Benner (1982) defined the novice nurse as the beginner, an individual with no experience at all or the fresh new graduate nurse who needs guidance to make decisions. The expert nurse is a highly grounded individual who uses his or her personal experiences, intuition, and ability to think fast when in an emergency situation. Feedback among nurses can truly differ based on the individual's level of experience but can be successful in bringing the novice nurse one step closer to the expert nurse (Dyess & Sherman, 2009). The novice nurse looks for positive or negative responses to a situation and wants the verbal feedback from his or her co-workers, whereas the expert nurse only seeks help when needed (Benner, 1982). The expert nurse uses

personal experiences to guide him or her through difficult situations, sometimes leaving out the procedural guidelines or saying comments like this, "Because it felt right. It looked good (Benner, 1982, p. 405)." In regards to learning and how it affects relationships, Watson (2008) contended that it is more than knowing just the facts and data; it is a more meaningful trusting relationship that affects the essence of the relationship, itself.

Lack of Feedback Creates Horizontal Violence

While observing the nursing unit, the author perceived behaviors that could be labeled as horizontal violence due to the lack of feedback. This negative term has been associated with bullying, lateral violence, disruptive behavior, and even conflict (Longo, 2010). Horizontal violence has a very long history within the nursing profession that can be traced back 20 years in history (Woelfle & McCaffrey, 2007).

Craig, a surgical clinical nurse manager and Kupperschmidt, an Associate Professor of Nursing, reviewed the literature on horizontal violence within the nursing environment. The authors found that out of 270 respondents to a study, 30% reported experiencing aggressive behaviors on a near daily basis. The aggression included rudeness, abusive language, and humiliation. According to the study, it showed that people failed to support and speak-up for each other (Craig & Kupperschmidt, 2008). Embree and White (2010) recognize horizontal violence as nurse to nurse aggression, which results in role issues, oppression, and anger. Organizations must learn how to handle this problem by providing nurses with skills and techniques to eradicate horizontal violence. This will result in a safer and more fulfilling environment, better patient care, and nurse retention.

Another factor that contributes to this project is the difference in learning experiences that nurses can have from the new graduate (novice) nurse to the expert nurse with 15 plus years

of wisdom and knowledge. Paley (1996) cited Benner as, explaining the difference between novice and expert nurse as this:

> For example, the proficient and expert nurse will assess a situation more accurately, and make decisions more efficiently than the novice, the advanced beginner or even the competent nurse. Secondly, there is an 'internal' criterion, as the mental processes characteristic of each stage vary. Where the novice must rely on 'rules,' applying them in a labored, step-by-step fashion, the competent nurse draws on her/his experience and familiarity with the way in which situations tend to unfold, in order to complete an analysis and formulate a plan. (p. 666)

Nurses learn at different levels, which can make them experts at different times and situations (Benner, 1982). For instance, the nursing unit identified for this project switched to computerized charting in the last year, making the new nurses experts in computerized charting and the senior nurses the novices with the electric charting. A reverse situation is when a newly hired nurse, who is to perform PICC site care for the first time on her own. The new nurse prints out the procedural guidelines to review before performing the task as a senior staff sitting at the desk gently shakes her head back and forth. The senior nurse wonders why the new nurse has pulled out the procedural guideline because the new nurse should know how to do this simple task. The new nurse just finished nursing school three months ago, but the senior staff never offered to help and just walked away ignoring the whole situation. Benner (1982) says that an experienced nurse and a skilled nurse will not approach a situation in the same way each time, but it is practice style and how they approach each situation that makes them a novice or expert nurse. It is the nurse's ability to face and cope through these difficult situations that make the nurse able to manage through any problems (Benner, 1982).

Lack of Feedback Enhances Horizontal Violence

Sometimes horizontal violence is very subtle, other times so brightly clear that it could blind you, and other times it can go unnoticed and unchecked (Longo, 2010). Longo, a nursing educator from the college of Nursing in Florida Atlantic University, identified these negative behaviors, provided the reader with the history of negative behaviors, and a tool to how to stop negative behaviors (Longo, 2010). She pointed out that the passive aggressive behavior is sometimes as detrimental as the overtly aggressive behavior. For example, if a newly hired nurse is really busy, but two senior staff nurses are sitting at the front desk reading the daily paper and completely ignoring the new nurse, this is a form of horizontal violence. Horizontal aggressive actions have been sometimes called bullying; they are disruptive behaviors, creating unhealthy environments that threaten the well-being of the patient because it causes a collapse in communication and teamwork (Brown & Middaugh, 2009; Longo, 2010; Woelfle & McCaffrey, 2007). Another example would be a new nurse has a patient that is "crashing," low blood pressure and a possible impending stroke; the senior nurse steps in and takes over the situation. After the situation is resolved and the patient is safe, the senior nurse starts berating the new nurse, saying she should have done this instead of that. It is one nurse right alongside of another making derogatory comments that makes this horizontal in nature.

The causes of horizontal violence could be a power struggle of sorts working against each other as a team and not as individuals (Brown & Middaugh, 2009; Longo 2010; Woelfle & McCaffrey, 2007). Problems can arise in differences and affect how needs of the patient should be met. Horizontal violence affects not only patient safety, but the well-being of healthcare workers and their ability to perform (Longo, 2010; Woelfle & McCaffrey, 2007; Lamontagne, 2010). Johnson and Rea (2009) reported that nurses bullied by other nurses are twice as likely as

non-bullied nurses to report they are very likely or definitely intending to leave a position in the next two years, and are three times more likely to report that they are somewhat likely to leave the profession in the next two years. With increased horizontal violence in nursing, the healthcare system and its ability to provide care for the sick are in jeopardy if horizontal violence continues.

Jean Watson's Nursing Theory

An educational module guided by the theoretical framework of Jean Watson and supported by Patricia Benner will be utilized. For the purpose of this project, this paper focuses on caritas processes four and five. Caritas process four deals with the development and the sustaining of a helping-trusting, authentic caring relationship (Watson, 2008). Watson stated, "In this sense, the caring relationship can be considered an intervention in and of itself, or at least a core ingredient" (Watson, 2008, p.73). For Watson, good health was just as important as the relationships are for nurses. Those healthy relationships make a difference in patients' healing outcomes. Watson (2008) revisits the 1994 Pew Fetzer report that she quotes as stating, "The need exists to develop and sustain caring relationships as core of professional practices in all health profession" (p. 72). She concluded that the nurse-patient relationships is just as pertinent for nurse to nurse and nurse to administrative staff: "Rather, authentic caring relationship building is concerned with deepening our humanity; it is about processes of being-becoming more humane, compassionate, aware, and awake to our own and others' human dilemma" (Watson, 2008, p. 72). Watson (2008) stated:

> Put another way, a major problem is the lack of a reflective, mindful awareness of how one's presence and consciousness toward self and other can and do affect the nature and

> outcome of one's relationship with another, whether the other is a colleague, a patient, or a family member. (p. 74)

The ability to communicate with others successfully is the outcome of caritas number five. The art of communicating is used in every task of nursing: reporting off to the next nurse and interactions with the patient and families, as well as the other team members: respiratory, pharmacists, therapists and other nurses. It is the nurse who can ease the pain of a wounded solider just by sitting down and talking in a soft voice and providing needed reassurance. Watson would agree that part of being a nurse is his or her connection, presence, and ability to communicate and feel with self and others that are explained within her caritas processes four and five (see Appendix A).

Caritas processes capture a deeper phenomenon, a new image that intersects professional personal practices while opening up a new field of inquiry for nursing and caring science (Watson, 2008). Watson (2008) said this about work and each nurse as he or she develops, the created flow of energy brings both nurses together for a deeper understanding of humanity and consciousness; "This dynamic of understanding human behavior is foundational to building and sustaining a helping-trusting-care relationship" (Watson, 2008, p. 102).

Watson's theory of care connects to the importance of communication and how it affects relationships among and between nurses. The relationships among nurses must be honest, specific, and ever changing. Relationships are ever changing due to the personal relationships among nursing staff, doctors, and patients. For instance, a nurse works her scheduled weekend with the same crew for many years, but then switches to a new weekend and new nurses. This changes the flow of the environment and new relationships are born (Watson, 2008). Nurses must use good communication skills such as feedback, listening, and respect when placed in

these situations. The nurses on this weekend shift should not use horizontal violence to deal with the new change like eye rolling, aggressive gestures, and name calling (Embree & White, 2010).

Watson's theory of nursing has other strengths such as providing the quality of care as the basis for the profession, placing the individual in the correct setting within the person's culture, and putting the patient as the focus of practice. Watson's theory and major concept beliefs from nursing theory include (1) human beings need to be valued and respected (2) health is at the highest level of mental, physical, and social functioning (3) environment of culture is communicated through the profession and (4) nursing is here to prevent, promote, practice, and heal (2008).

Watson (2008) states this about caring science, "The changes occur not from the outer focus on systems but from that deep inner place within the creativity of the human spirit" (p. 36). Nursing is more than care or science, but in fact, it is the act, the flow, and the intention of the care that nurses delivery to patients (Watson, 2008). Like many nursing theorists, Watson credits this theory of care to her own personal and professional experiences in life. These experiences were based on her personal philosophical, ethical, and intelligence level (Watson, 2008). From her earlier years in nursing theory, Watson gains a great deal of knowledge from the mother of nursing, Florence Nightingale. Watson uses Florence Nightingale as a basis for her theory

Nightingale understood the importance of human relationships, care, and how they affect the overall well-being of the patient and nurse (Watson, 2008). According to Watson (2008) and her theory of care, it is the nurse's responsibility to establish a healthy working relationship with a patient that includes the mind, body, and soul.

Chapter Three: The Intervention

The project was grounded in the author's 10 years of nursing experience at a small rural hospital in the Midwest. Over the past year several problems have arisen such as, intermittently use travel nurses, the loss of four family physicians, the change to a computerized system, the termination of the Licensed Practical Nurses, and the departure of a highly qualified senior nurse after 25 years of service. After observing the nursing unit over time and holding session meetings with the nursing staff, the nurses came to the conclusion that something was missing related to the communication among the staff. This chapter will discuss how this small group of nurses discovered the need for feedback. It will also go through the steps of how this small group of nurses used a communication needs assessment to clarify the topic of study. The final step of this project will be to design an educational power point presentation about this topic which will be presented to the staff in the summer of 2011.

Background

The start of the continuous improvement project began with separate meetings that included one with an advisor and the other meeting with the DON at the small rural hospital. It was decided by both parties that this project should be pursued and was welcomed by the hospital administration. This setting was selected because the author had a working relationship with the DON and nurse manager, there was trust established with the nursing staff, and all were commitment to making a difference in the unit's working environment. The project's author made an appointment to meet with the DON and to discuss the project. The importance of this topic and the possibilities were discussed. Both felt the need for the staff to direct and identify their own communication needs assessment and agreed on the general steps of the project. These

steps included conducting a nurse's communication needs assessment, involving the nursing staff in the process, and presenting the discovered information in an educational power-point presentation of that communication need with strategies for addressing the need grounded in sound theory.

These meeting strategies were essential to this continuous improvement project. The author reinforced the importance of safe talk, being assured that meeting sessions were held in strict confidence and no management would be present at any meeting or given any names of nurses who attended a session. The management team fully supported this project and willingly paid nurses to come in on his or her day off to attend any scheduled session.

The author posted, emailed, and placed reminders in staff mailboxes to announce the nurses' session meetings at the small rural hospital. Three sessions were scheduled at various times in the day, so all staff could attend, for example 0730am and 1430pm. The agenda for each meeting was to introduce the author, the proposed project, and then a short brainstorming session. Round tables in the meeting room, had tag board on the top for doodling. The session meetings included refreshments, a safe environment for the staff to verbalize their concerns, and promoted the use of World Café style of learning.

The World Café style of learning comes from the book, *The World Café* by authors Brown and Isaac (1995). Brown is a senior affiliate with MIT Society for Organizational learning and Isaac, is President of Clear Communication in 1995. The style of learning was introduced in 1995 and has been used on six continents. The concept is straightforward, "Good, simple process for bringing people together around questions that matter" (Brown & Isaac, 1995, p. ix). The benefit of this style of learning is the flexibility to be used with different cultures, ages, purposes, and many organizations. The learning style is creative, caring, and very

insightful. It focuses on what matters most; listening for better understanding, connecting the ideas, and listening together to see the patterns, insights, and deeper questions. Each session also stressed the importance of relationships, communication, and highlighted the safe environment of the location where the meetings were held.

During the brainstorming section, the author instructed the group to divide into two smaller groups and then asked these questions: How can nurses communicate better among themselves? What could nurses do better to communicate? The author directed participants to list good and bad things about communication. Participants were highly encouraged to participate and think seriously about communication patterns. According to Wood, an educator from the University of South Dakota (2001), the idea of brainstorming is a creative tool that includes these four concepts: critical thinking comes at the end and all responses are considered, free-thinking is welcomed, the desire to have numerous choices-the more the better, and lastly the combination of ideas to create a better solution are desired. Wood believes that brainstorming is a creative tool in problem solving that have been successful in all areas of work, such as business, government, and industry (2001). Wood based his foundation of brainstorming on the principles by Alex F Osborn. Osborn was known as the founding father of modern day brainstorming.

The project uncovered was that the nursing staff wanted to be heard. They wanted a place to vent. The nursing staff wanted someone to hear them and listen to their concerns. Initially, the nurses were somewhat hesitant to answer or participate in the project because they did not want to get in trouble or cause waves at work. With support of hospital administration, the author initiated this brainstorming exercise during the informational sessions held during the summer of 2010. The author gave each group a piece of tag board and then allowed the group 10

minutes to brainstorm. Each group was able to write down anything that the nurses felt were important or concerning about communication.

After the session meetings were held, fives areas of concern were identified. The staff were surveyed one more time by creating a voting tool called, "Key Points made from the Communication Needs Assessment Sessions". Each nurse was asked to pick the most important topic and then label from one to five with one being the most important. The ballots were to be returned by September 1st to a labeled mailbox in the nurse's break room. To increase cooperation, participants were eligible for a drawing for a $10 gift card to Caribou for the ballots returned by September 1st. Thirteen ballots out of 26 were returned. Out of the thirteen ballots returned seven voted for feedback. The staff voted feedback as the most important topic with nurse's attitudes and inadequate training for new policies and procedures finishing second and third respectively.

Intervention

The power point presentation will summarize the history of the project, including meeting techniques, the needs assessment process, findings from the process, feedback and propose interventions (see Appendix B).

The power-point presentation will provide the nursing staff with an introduction to the thesis project as well the background history of this small rural hospital. It will also provide the nursing staff with these three learning objectives: be able to list three examples of different kinds of feedback behaviors, identify several real life experiences of positive feedback use, and relate to Jean Watson's nursing theory of care. The presentation will further explain caritas processes four and five, which deals with the art of communication and creating healthy relationships among each other. The power-point presentation will ask the nursing staff to

practice using positive feedback among each other and then come back to a staff meeting to report the outcomes.

The power-point presentation will be taught to the nursing staff in July of 2011. The thesis project provided the author with the informational groundwork for the power-point presentation. The creation of the communication needs assessment identified that positive feedback were a concern and that the nursing staff truly needed more education about feedback. The method for introduction of this continuous improvement project was assessing for need and promoting nurse participation, providing educational informational sessions, and a follow-up power point presentation.

Again, the power-point presentation will serve as a tool to increase the use of feedback among nurses and to educate the staff on the hidden acts of horizontal violence. In preparation, the author will take into consideration the different levels of nursing experience at the meeting. Benner (1982) suggests the expert nurse helps to mold the novice nurse into a self-assured caring nurse. Positive feedback can help with that molding process. Watson would agree that the use of feedback encourages all nurses to be better communicators and helps build stronger relationships between nurses (Watson, 2008).

The ultimate goal of the presentation is to help make the hospital a safe and more pleasant place to work. Using Bloom's Taxonomy of Cognitive Learning Domains to help define the expected outcomes, the author introduces the participants to strategies for creating an environment built on recognizing positive/negative feedback, and encouraging positive behaviors while discouraging negative ones, and to synthesize a culture of independent rational thinking (Bloom's Taxonomy of Learning Domains, n.d.). In summary, the author will connect positive

feedback with Watson's nursing theory of care and the World Café style of learning. The presentation will allow the staff nurse to explore the positive benefits to feedback along with the art of communication among each other. The author and the nursing management act as teachers, they will allow real life stories to be told to create interest and encourage discussion among the nurses at the presentation meeting. As both sides reflect and share their experiences, it will become an exchange of ideas with the new and old nurses, which will be helpful in the development of staff (Watson, 2008).

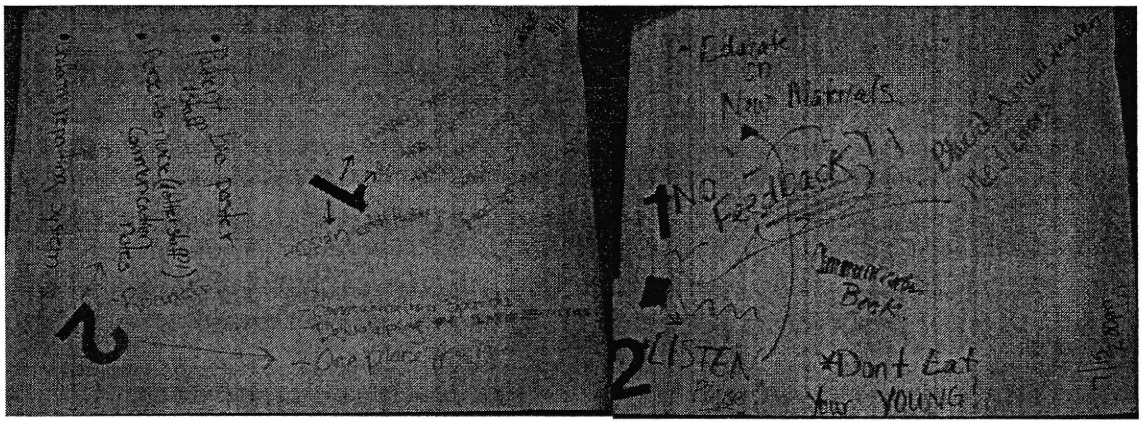
Chapter Four: Discussion

This section discusses the outcomes of continuous improvement project which involved the needs assessment session meetings held in the summer of 2010. An outcome of the communication needs assessment and the willingness of the staff to participate will be explored in light of responses and supporting theory. The author can only hypothesize the outcomes of the educational module because the presentation has not been given. The author anticipates that the presentation will be given in the summer 2011.

Jean Watson described caring relationships as the process of speaking and listening from the center of the heart without judgment. It is these shared moments and common values, we hold in our hearts that bring more meaning to our relationships (Watson, 2008). The author believes that the nurses who attended these session meetings and participate in rank ordering topics to be discussed will have had this experience because they had participated and had a voice in educational design of the project. By holding the session meetings, getting their ideas out in the open, having a say in the ranking of priority concerns to be addressed, the staff are validated. In order to begin the project, we set up session meetings that would allow everyone to attend. The key to this continuous improvement project was having the DON back this project and even be willing to pay for nurses to attend these sessions.

Nurse participation played a huge role in the development of discovering the group's communication need. The doodle boards further assisted clarifying the nurse's thoughts and concerns. Using the doodle board allowed for group contributions, connecting ideas, and listening together allows for patterns, insights, and deeper questions to come to light (Brown &

Isaacs, 2005). The doodle boards became very essential to the project and how it would be developed into a presentation. Examples of the doodle boards are shown:



The session meetings were set-up with the intention to create a World Café style of learning and conversation that would educate nurses. The World Café style learning and conversation approach provided a "Good, simple process for bringing people together around questions that matter" (Brown & Isaacs, 2005, p. ix). The World café conversations are used to promote safe and non-threatening environments. The session meetings used round tables and paper covered tops to allow the nursing staff to contribute and share experiences with doodling.

The author gathered up the doodled information about communication concerns. Nursing administration supported the gathering of information to guide the educational module development. The five major concerns were identified by the staff:

1. What is feedback? when to use, good versus bad
2. Attitudes
3. New processes- how to roll out new changes (start at staff meetings)
4. The art of listening

5. Improving our report styles -consistent format versus tape report

Guided by the Director of Nurses, a survey was created that was given to each nurse via their mailbox, listing these five communication concerns. The survey asked the nursing staff to rank the top five topics brought up in the round table World Café discussions in order of most importance with one being the most important.

The author feels that these findings will be activated by the feedback presentation. There is always a risk of unwillingness to change a way of thinking, a lack of knowledge, age (why start now), fear of hurting another nurse's feelings, and rocking the boat. The author will explain why fear of hurting another nurse's feelings can prevent feedback when it is really needed. Here's a perfect example, the names are fictitious; the nurse Tracy is doing her regular cares, but noticed that peripheral intravenous catheter (PICC) site care was overdue. Nancy the previous nurse never reported this important fact in report to the oncoming nurse Tracy. Later that day the nurse, Tracy noticed that something was wrong with her patient and now he is spiking a temperature and had redness around the PICC site area. Tracy needs to communicate these findings to the previous nurse Nancy. Nancy missed a very important care that could have possibly caused the patient a couple of extra days in the hospital due to an infection at the PICC site. Tracy does not mean to hurt Nancy's feelings, but she uses this situation as a teaching moment. Now Tracy is creating a better and safer work environment for all.

Another example that can cause feelings of unease is the concept of don't rock the boat. A nurse is working with a nursing assistant, who has been employed at the hospital for over 10 years; she consistently does her routine checks every shift. The nursing assistant is very committed to her job and is a hard worker, but sometimes she gets very involved in her other duties. Here is an example of rocking the boat. The nurse needs help in repositioning a patient

in bed, she looks around for help and no one is there. The nurse finds the nursing assistant in the ER stocking drawers and doing inventory. If the nurse confronts the nursing assistant about this concern, the nursing assistant gets defensive and angry because she is doing her job. So the nurse decides to ask another nurse to help in repositioning the patient and does not address the issue with the nursing assistant because she does not want to cause problems.

In summary, we must work toward a harmonious solution to make the workplace a safer and enjoyable environment.

Chapter Five: Conclusion, Recommendations, and Reflections

Reflecting, I find myself thinking back to the beginning steps. I thought it would be simple and easy to define, but knowing what I know now about positive feedback it will take a team approach to solve this concern. In this last chapter, the paper discusses the changing agent, the implications of findings for Advanced Nursing Practice, a much needed decrease in health inequities, and the next steps for future nursing projects concerning positive feedback.

The changing agent of this project is the author's access to the nursing unit, the staff, the support of the DON and Nurse Manager, and the proposed follow-up meetings. The findings of this project, have suggested that positive feedback is missing from this small rural hospital. Not having positive feedback within the nursing unit can affect the care of the patient and this has been discovered by this project through the session meetings and the creation of the doodle boards and survey. It may cause more disorganization, lower nurse retention, and ultimately lower patient satisfaction scores. The project defined areas of concern, proving that something should be done and no longer ignored. Nursing leaders must acknowledge, recognize, and discuss educational programs that will increase nursing awareness and the use of positive feedback.

The author does believe that by educating each nurse, professional relationships can and will improve. Regardless of experience level, each learning nurse must make an effort to care about others and accept the role he/she plays on the nursing unit. Professional reflection and personal behaviors can also be a part of a changing agent to finally end this vicious cycle. Watson stated, "Learning is more than receiving information, facts, or data" (2008, p. 125). It comes from an inner presence within us. She states that we must learn to be respectful and accepting of the fact that every health care person has something to offer, but working as a team

provides the best care for the patient (Watson, 2008).

Things which should be considered for the future are strategies to help organizations make a commitment to promote a NO tolerance policy of horizontal violence in the workplace and recognition of those who give positive feedback; this will improve patient care outcomes. This is an important topic with dramatic implications for work place satisfaction, staff retention, and ultimately safe patient care. I feel that more projects should be done on this topic, including participation by larger institutions. The problem of negative or no feedback for employees is not only a nursing problem. Other disciplines of healthcare such as; physicians, pharmacists, therapists, and social workers need to also review their involvement in the communication process. And as for future projects, I might envision a hospital shared training center that allows for educational, role-playing situations to be experienced and then critiqued on the demonstration of the benefits of positive feedback. Another future project could include the development of a standardized care plan such as ACT (authentic, caring, and timely), which promotes teamwork and effective communication to develop the use of positive feedback.

Looking back at the project, I learned that this concern was bigger than me and it will take more time, training, and effort from all to learn. The learning component of using positive feedback will take discipline and effort. This will be hard for this small rural hospital to do, because of ongoing staff variability, changes in leadership, and rising patient acuity. The first step was to bring the nursing staff together and introduce positive feedback. The second step will be bringing together the nursing staff and leadership members to discuss real life experiences with positive feedback. The last step would be to introduce the positive feedback to other disciplines within the hospital, such as physicians, pharmacists, social workers, and therapists. Some questions that I challenge others to answers:

- How do we provide positive feedback to a negative situation with still being professional?
- How do we continue to support the positive feedback with evidenced-based nursing practices?
- How do we continue to support the positive feedback when technology is advancing with nursing that allows less time for working as team and more time on computers?

In the final thoughts of this project I find myself thinking about the importance and education of positive feedback. Not only does positive feedback promote growth among nurses, but it develops the best practice guidelines to ensure patient safe practices. Watson (2008) believed caring relationships, is the core ingredient. This project has skimmed the outer edges of the small rural nurse's concern. It has provided us with real life experiences of nurses who wanted to know more about positive feedback. Watson (2008) says that we will all come to the understanding that feelings are a part of the universe, whether those feelings are good or bad. But more importantly, it is essential to remember that everyone has feelings and has the right to verbalize them.

In conclusion, this project is only baby steps in the solution of creating a positive feedback environment for these nurses. I would like to end with this quote concerning *caritas process 5*, "The process of being with another in a nonjudgmental way as that individual expresses his or her feelings generates a mutual trust and understanding" (Watson, 2008, p. 104). I believe that this continuous improvement project is a starting point for this small rural hospital in hopes of building stronger and healthy relationships among nurses.

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Appendix A

Table 1.2 Caritas Processes 2002-2007

1. Practicing loving-kindness and equanimity for self and other

2. Being authentically present; enabling/sustaining/honoring deep belief system and subjective world of self/other

3. Cultivating one's own spiritual practices; deepening self-awareness, going beyond "ego-self"

4. Developing and sustaining a helping-trusting, authentic caring relationship

5. Being present to and supportive of the expression of positive and negative feelings as a connection with deeper spirit of self and one being-cared-for

6. Creative use of self and all ways of knowing/being/doing/as part of caring process (engaging in artistry of caring-healing process)

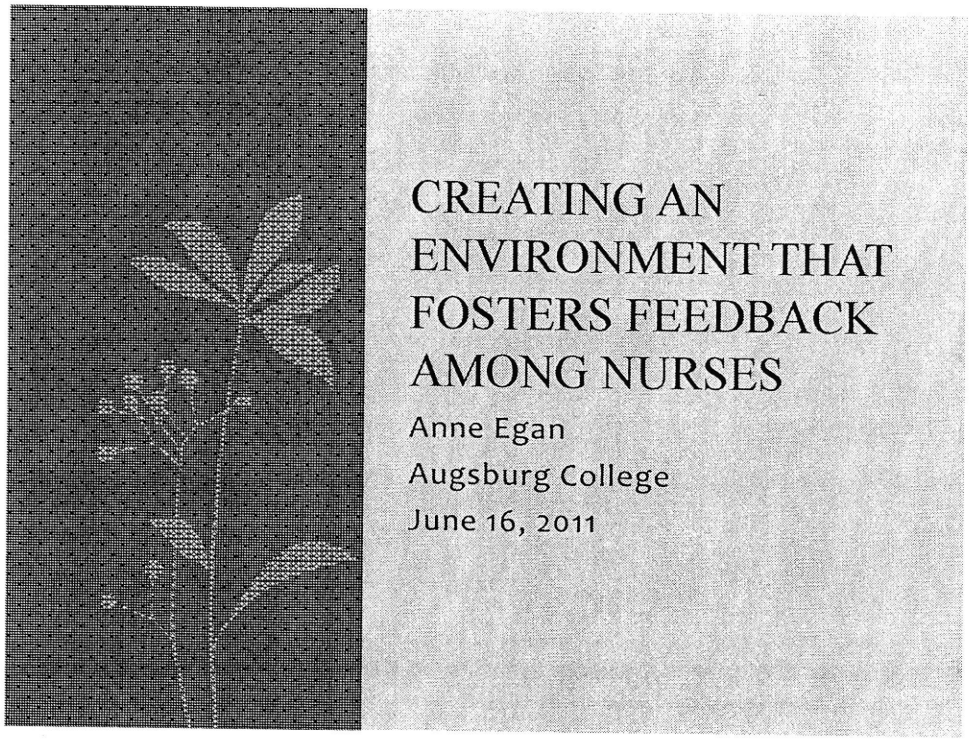
7. Engaging in genuine teaching-learning experiences within context of caring relationship-attend to whole person and subjective meaning; attempt to stay within other's frame of reference (evolve toward "coaching" role vs. conventional imparting of information)

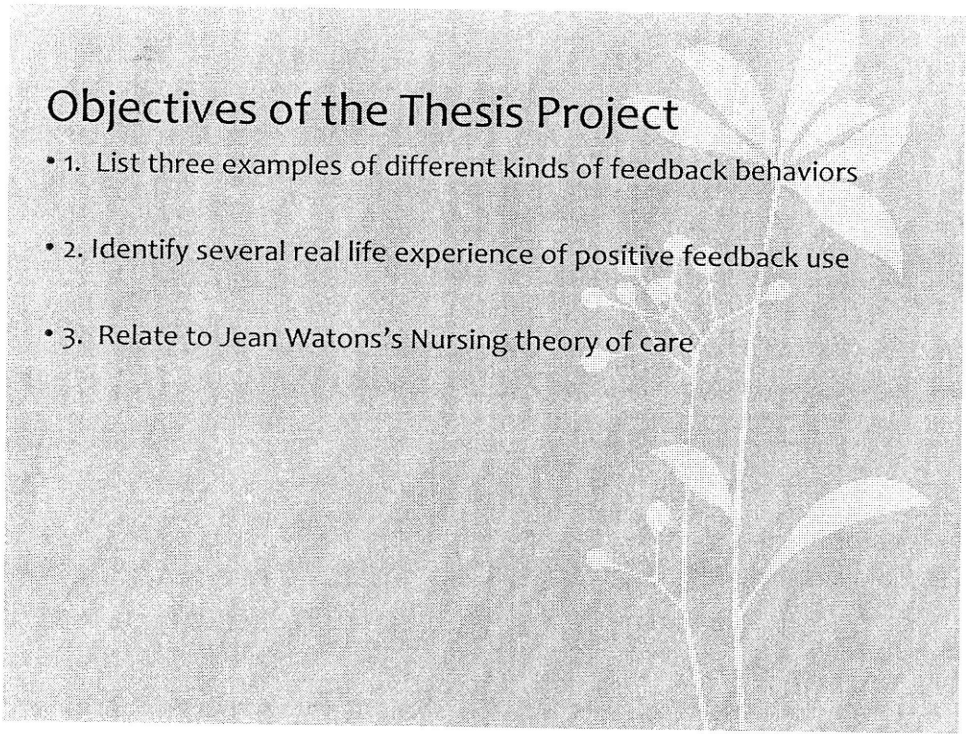
8. Creating a healing environment at all levels (physical, nonphysical, subtle environment of energy and consciousness whereby wholeness, beauty, comfort, dignity, and peace are potentiated (Being/Becoming the environment)

9. Reverentially and respectfully assisting with basic needs; holding an intentional, caring consciousness of touching and working with the embodied spirit of another, honoring unity of Being; allowing for spirit-filled connection

10. Opening and attending to spiritual, mysterious, unknown existential dimensions of life-death-suffering; "allowing for a miracle" (Watson, 2008, p. 31).

Appendix B


CREATING AN ENVIRONMENT THAT FOSTERS FEEDBACK AMONG NURSES
Anne Egan
Augsburg College
June 16, 2011


Objectives of the Thesis Project
• 1. List three examples of different kinds of feedback behaviors
• 2. Identify several real life experience of positive feedback use
• 3. Relate to Jean Watons's Nursing theory of care

The Purpose of this Project...

The purpose of this project is to design an environment that allows nurses to speak freely without guilt or fear and to provide better patient care.

The Beginnings...

- Started with brainstorming ideas- my interests and concerns where could I be a changing agent
- Meet with Director of Nurses and Nurse Manager at small rural hospital in the Midwest, came up with the plan, ask the staff about communication, did a communication needs assessment that was driven by the staff nurses at the small hospital
- Also follow session meetings were discussed
- Meet with Advisor and discuss the project thesis

History of Project Development

- Several years of uncertainty
- Losing staff LPNs and senior staff
- Changes in management and staff physicians
- Rolling out computerized charting
- Adding new staff and consistent use of travel nurses

Jean Watson's Philosophy of Nursing

- "In this sense, the caring relationship can be considered an intervention in and of itself, or at least a core ingredient" (2008, p. 73)
- Caritas Processes Four and Five
- Watson connects the two through human nature and the importance of communication
- The author's conclusion from Watson, Nursing is more than the care or science, but in fact, it is the act, the flow, and the intention of the care that nurses delivery to patients.

Background to Thesis Project

- Separate meetings with DON and nurse manager
- Thesis project was welcomed by nursing administration
- Open discussion and building a relationship
- Session meetings held- various times and supported by DON
- Use of World Café Style of learning

World Café Style of learning

- Session meetings- World Café Style of learning- round tables, lots conversation and paper top tables for doodling ideas
- Tell me about what you know about communication in your workplace, what works best?, Is something lacking?
- Staff were explained the purpose of the project
- Offering to staff, "What can I do to help better communication among nurses?"
- Encouraged the staff to talk- freely

What happened next...

After sessions meetings were complete then a ballot survey was formed (guided by DON):

1. What is feedback? When to use, good versus bad
2. Attitudes
3. New processes- how to roll out new changes (start at staff meetings)
4. The art of listening
5. Improving our report styles (consistent format- tape or verbal)

Next Steps of the Thesis Project

- Distribution of survey ballot via mailbox
- Asking the nursing staff to rank the top five (1- being the most important)
- Then the author was able to determine that education of positive feedback was missing from this small rural hospital
- The final step will be the presentation during the summer of 2011

Feedback Creates Better Nurses...

Feedback – as a response or comment to an event that creates an opinion about a situation (Feedback, 2010).

•Positive or Negative, verbal or nonoverbal

Verbal-	Abrupt Responses, clear, authentic (real)
Nonverbal-	Raising Eyebrow, making faces, turning away ignoring
Positive-	Professional Duty, Reinforces Procedural Guidelines and Safety Practices, Building Trusting Relationships
Negative-	Scapegoating (attributing blame to one individual), Backstabbing (complaining about someone behind their back)

Can Create...

- Resilience on the floor making the nursing stronger
- Solid Communication
- Provides Education among Nurses
- If all of things happen- a Nurse can provide the Best Care

Feedback Benefits Nurses

- Can promote healthy relationships- among nurses as well as our managers
- Watson (2008) also supported this idea: "The need to exist to develop and sustain caring relationships as core of professional practices in all health profession from the Pew Fetzer Report in 1994."
- From Thornbory and White (2007) said it was hard to give feedback, but created simple steps:

1. Stay Positive
2. Be specific- clear
3. Allow for time-silence is okay
4. Listen-just don't listen, but hear and feel the response
5. Thank the person for their feedback

Lack of Feedback Can Create Horizontal Violence

When feedback is not used in a way positive this can happen

The creation of Horizontal Violence- the definition of horizontal violence is an aggressive and destructive behavior of nurses against of each other (Woelfle and McCaffrey, 2007)

- Has been termed with bullying, lateral violence, disruptive behaviors, and conflict
- Long history within the nursing, 20 plus years- including all associated terms, when searched on CINAHL with nursing, the author found over 3,003 articles relating to this topic between years of 1990- 2010.

Lack of Feedback Enhances Horizontal Violence

Longo (2010)- identifies negative behaviors, provides history, and a tool on how to stop these negative behaviors

(new graduate- busy, two senior nurses sitting and unwillingly to help)

Shirey (2009) – said this about the trickling down affect, " Nurses must be recognized and must recognize others for the value each brings to the work of the organization"

Thank-you for listening

- What I learned...

That this concern is bigger than me, will need to be address in a a team approach (everyone)

Because of the size of small rural hospital, this topic needs more research, the thesis project it did acknowledge that positive feedback was missing through the development of a communication needs assessment, but was not able to see the end results

Nursing leaders must recognize this problem and look for ways to increase the use of positive feedback on nursing units- that professional reflection and personal behaviors be also a changing agent

Watson said this learning is more than receiving the information or facts, it comes from the inner presence within us, work as a team and not individuals

My Proposed Model for the future...

The author has developed this acronym relating to feedback with Nurses, ACT.

A	Authentic, real
C	Caring with good intentions
T	Timely in a short period of time after the behavior has happened

In Conlcusion...

The author feels that feedback can be a positive factor in strengthening nurse to nurse relationships. It will encourage the nurse to be more caring, professional, and aware of their environment.

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Leave you with this thought...

- "Let us always be open to acknowledge, respect, and learn from great leaders in any field or discipline. Let us always be able to critique the work of any leader to move forward ideas and substantive knowledge for the betterment of humanity. For indeed, great progress is largely contingent upon thoughtful reflections, critiques, and the creative use of worthwhile ideas."